PATENT APPLICATION

Attorney Docket No. SUN-P5390-RJL

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on March 19, 2004

Tanya Parker

(Typed or Printed Name of Person Mailing Paper or Fee)

Signature of Person Mailing Paper or Fee)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF) Examiner: Dooley, Matthew C. James E. Kocol) Group Art Unit: 2133 RECEIVED Serial No. 09/854,095 Filing Date: May 11, 2001 MAR 2 4 2004 Title: APPARATUS METHOD TO FACILITATE **Technology Center 2100** SELF-CORRECTING MEMORY

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment **Assistant Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- Response under 37 C.F.R. § 1.111 to official action mailed March 12, 2004. [x]
- A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- Information disclosure statement, form 1449 and ___ references. []
- No additional claims fees are required. [x]

[] An additional fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | | |
|--|------------------|--|-----------------|----------|------------|--|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE | |
| Total Claims | | MINUS = 20 | 0 | x \$18 = | | |
| Independent Claims | | MINUS = 3 | 0 | x \$78 = | | |
| If Amendment adds mu Total Amendment Fee | | | | | | |
| If small entity status is of | \$0.00 | | | | | |

| [] Ac | heck in the | amount of \$ | is enclosed. |
|-------|-------------|--------------|--------------|
|-------|-------------|--------------|--------------|

- [] Charge \$___ to Deposit Account No. ___ (Docket No. ___).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. SUN-P5390).

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Respectfully submitted,

Ву

Edward J. Grundler Registration No. 47,615

Date: March 19, 2004